

# HEALTH CARE AND FLEXIBLE SPENDING ACCOUNTS OPEN ENROLLMENT — MAY 1 - 15, 2018

Effective for Plan Year July 1, 2018 – June 30, 2019

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## SPOTLIGHT ON YOUR BENEFITS

**\*Premium and plan benefits may change subject to final state budget approval.\***

### Your Annual Window to Make Changes

You can make changes during Open Enrollment to your health coverage and flexible spending accounts (FSAs). Make your decisions carefully.

**No action is required if you:**

- have no health plan coverage changes,
- are not enrolling in an FSA, and
- do not plan to participate in Premium Rewards

#### Health Care Coverage

- **Enroll in or change** your health plan
- **Elect optional buy-ups** for COVA Care, COVA HDHP and COVA HealthAware
- **Waive** coverage
- **Add or remove** family members

#### Flexible Spending Accounts (FSAs)

- **Enroll in a Health or Dependent Care FSA** or both
- **You must submit an enrollment request every year** to have an FSA

#### To Enroll or Make Changes

##### Complete An Enrollment Form

- **Enroll or make changes to your Health Coverage:** The health coverage and membership information is included in Section 4 of the form. If you don't want to make health care changes, simply mark the "No Change" block in Section 4.
- **Enroll in an FSA:** Check the appropriate box in Section 3 of the form and enter your "per pay" election amount.

**Remember, you should always complete sections 1, 2 and 5 of the enrollment form.**

##### Submit Your Enrollment Form

- Did you complete the fillable form on the DHRM website? Print it, sign it and submit to your Benefits Administrator.
- No computer access? Request a printed enrollment form from your Benefits Administrator.

Be sure to submit your **Enrollment Form for Employees** to your agency Benefits Administrator **by close of business on May 15, 2018.**



#### Give ALEX<sup>®</sup> a Try!

Review your health plan options with ALEX, your benefits counselor. He will take your input, do the math, and recommend a plan just for you. Visit ALEX at [www.myalex.com/2018](http://www.myalex.com/2018).

#### EmployeeDirect is On Leave

EmployeeDirect for health benefits will not be available this year for Open Enrollment.

# Changes Beginning July 1

## Premiums

- **Premiums will change** for all plans except TRICARE. See page 3.

## COVA Care, COVA HDHP, COVA HealthAware and Kaiser Permanente HMO

- **Hormonal contraceptives dispensing limit increased:** A 12-month supply will be available at one time.

## COVA Care and COVA HDHP

- **Annual routine vision exam:** Available for all members at a \$15 copayment at a participating Blue View Vision provider. COVA Care members may enroll in the optional vision and hearing benefit for expanded vision coverage, such as frames and lenses. See page 5.
- **Short-acting opioid analgesic drugs:** To help control the opioid epidemic, supplies of **new** prescriptions will be limited.
- **Online Psychiatry:** Added to LiveHealth Online visits.
- **Behavioral health intensive in-home services:** Certain treatment for children and adolescents will be available at home, avoiding inpatient readmissions.

## COVA Care

- **No cost for LiveHealth Online visits:** Includes Online Psychology, Kids and Psychiatry.
- **Generic Select incentive program:** When you switch to a generic from certain brand drugs, your first generic retail or generic mail order prescription will be free.

## COVA HealthAware

- **Annual routine vision exam:** Continues to be available to all members at no cost.
- **Short-acting opioid analgesic drugs:** Continued monitoring to help control the opioid epidemic, including limited supplies of new prescriptions.

**More complete information will be available in your state plan 2018 Member Handbook amendment or your Kaiser Permanente Evidence of Coverage.**



## New Opportunity for Savings!

Look for more information soon on the Shared Savings Program under **COVA Care and COVA HDHP**. When you choose quality treatment at a lower cost for certain services, you will have the chance to receive an incentive payment. Administered by the Vitals group, the Shared Savings Program will enable you to shop for quality health care and be rewarded for selecting lower-cost providers.

# Commonwealth of Virginia State Health Benefits Program

## Employee Monthly Premiums for July 1, 2018 – June 30, 2019

**\*Premiums and plan benefits may change subject to final state budget approval.\***

Salaried employees working 30 or more hours a week pay the "Employee Pays" amount. Salaried employees working less than 30 hours a week pay the Total Premium.

**Please note:** Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete a health assessment to save \$17 a month or \$34 when both of you meet the requirement. See page 2.

HEALTH CARE PLANS		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA Care	Employee Pays	\$92	\$211	\$287	\$75	\$194	\$177	\$270	\$253
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$779	\$1,440	\$2,089	\$762	\$1,423	\$1,406	\$2,072	\$2,055
COVA Care + Out-of-Network	Employee Pays	\$110	\$236	\$321	\$93	\$219	\$202	\$304	\$287
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$797	\$1,465	\$2,123	\$780	\$1,448	\$1,431	\$2,106	\$2,089
COVA Care + Expanded Dental	Employee Pays	\$125	\$274	\$384	\$108	\$257	\$240	\$367	\$350
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$812	\$1,503	\$2,186	\$795	\$1,486	\$1,469	\$2,169	\$2,152
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$143	\$299	\$418	\$126	\$282	\$265	\$401	\$384
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$830	\$1,528	\$2,220	\$813	\$1,511	\$1,494	\$2,203	\$2,186
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$144	\$307	\$429	\$127	\$290	\$273	\$412	\$395
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$831	\$1,536	\$2,231	\$814	\$1,519	\$1,502	\$2,214	\$2,197
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$162	\$332	\$463	\$145	\$315	\$298	\$446	\$429
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$849	\$1,561	\$2,265	\$832	\$1,544	\$1,527	\$2,248	\$2,231
COVA HealthAware	Employee Pays	\$17	\$58	\$59	\$0	\$41	\$24	\$42	\$25
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$694	\$1,287	\$1,861	\$677	\$1,270	\$1,253	\$1,844	\$1,827
COVA HealthAware + Expanded Dental	Employee Pays	\$48	\$121	\$153	\$31	\$104	\$87	\$136	\$119
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$725	\$1,350	\$1,955	\$708	\$1,333	\$1,316	\$1,938	\$1,921
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$60	\$138	\$177	\$43	\$121	\$104	\$160	\$143
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$737	\$1,367	\$1,979	\$720	\$1,350	\$1,333	\$1,962	\$1,945
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$584	\$1,086	\$1,587					
	Total Premium	\$584	\$1,086	\$1,587					
COVA HDHP + Expanded Dental	Employee Pays	\$32	\$63	\$95					
	State Pays	\$584	\$1,086	\$1,587					
	Total Premium	\$616	\$1,149	\$1,682					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$75	\$177	\$253					
	State Pays	\$594	\$1,053	\$1,539					
	Total Premium	\$669	\$1,230	\$1,792					
TRICARE Voluntary Supplement**	Total Premium	\$61	\$120	\$161					

\*\* Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount





# 2018 Benefits at a Glance

Health Plans (Administrators)	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
Benefits	You Receive	You Receive	You Receive	You Receive
<b>Health Reimbursement Arrangement (HRA)</b> Employer deposit to your HRA on July 1, 2018	\$600 employee \$600 enrolled spouse	Not available	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
<b>Deductible – per plan year</b>				
• One person	\$1,500	\$300	\$1,750	None
• Two or more persons	\$3,000	\$600	\$3,500	None
<b>Out-of-pocket expense limit – per plan year</b>				
• One person	\$3,000	\$1,500	\$5,000	\$1,500
• Two or more persons	\$6,000	\$3,000	\$10,000	\$3,000
<b>Doctor's visits</b> (in person and telemedicine)				
• Primary care physician office visit	20% after deductible	\$25	20% after deductible	\$25
• Primary care physician online visit	20% after deductible <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>	\$0 <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	20% after deductible <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	\$0 Video Chat <b>703-359-7878</b>
• Specialist office visit	20% after deductible	\$40	20% after deductible	\$40
<b>Hospital services</b>				
• Inpatient	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Outpatient	20% after deductible	\$125 per visit	20% after deductible	\$75 per visit
<b>Emergency room visits</b>	20% after deductible	\$150 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
<b>Ambulance travel</b>	20% after deductible	20% after deductible	20% after deductible	\$50 per service
<b>Outpatient diagnostic laboratory and x-rays</b>	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging
<b>Infusion services</b> (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist
<b>Outpatient therapy visits</b>				
• Occupational and speech therapy	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40
• Physical therapy only	20% after deductible	\$15	20% after deductible	\$40
• Physical therapy and other related services, including manual intervention & spinal manipulation	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40
• Chiropractic services (30-visit plan year limit per member)	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40
<b>Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 10</b>	20% after deductible	\$25 per service	20% after deductible	\$25 per visit
<b>Behavioral health</b>				
• Medical and non-medical professional visits	20% after deductible	\$25	20% after deductible	\$12 group/\$25 individual
• Inpatient residential treatment	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Intensive outpatient treatment (IOP)	20% after deductible	\$125 per episode of care	20% after deductible	\$12 group/\$25 individual
<b>Employee Assistance Program (EAP)</b> Up to 4 visits per incident	\$0	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b>				
<b>Retail Pharmacy</b>	Up to 34-day supply 20% after deductible	Up to 34-day supply \$15/\$30/\$45/\$55	Up to 34-day supply 20% after deductible	Up to 30-day supply Medical center: \$15/\$25/\$40 Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
<b>Home Delivery Pharmacy</b>	Up to 90-day supply 20% after deductible	Up to 90-day supply \$30/ \$60/\$90/\$110	Up to 90-day supply 20% after deductible	Up to 30-day supply \$13/\$23/\$38 (2 x copayment for 90 days)

Health Plans (Administrators)	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
<b>Wellness &amp; preventive services</b>				
• Office visits at specified intervals, immunizations, lab and x-rays	\$0	\$0	\$0	\$0
• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays	\$0	\$0	\$0	\$0
• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0	\$0	\$0	\$0
<b>Annual Routine Vision Exam</b>	\$0	\$15	\$15	\$25 PCP/\$40 specialist
<b>Annual Routine Hearing Exam</b>	\$0	<i>Optional benefit*</i>	Not available	\$25 PCP/\$40 specialist
<b>Dental Services</b>				
• Diagnostic and preventive	\$0	\$0	\$0	See fee schedule
<b>Expanded Dental</b>	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	See fee schedule
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	See fee schedule
• Orthodontic – Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	See fee schedule \$1,000 (age 19 and under)
<b>Routine Vision</b>	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>		
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	75% of balance
• Lenses				
– Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	75% of balance
• Contact lenses**				
– Conventional**	85% after plan pays \$100	85% after plan pays \$100	Not available	85% for initial fitting and pair
– Disposable**	Balance after plan pays \$100	Balance after plan pays \$100	Not available	85% for initial fitting and pair
– Non-elective**	Balance after plan pays \$250	Balance after plan pays \$250	Not available	85% for initial fitting and pair Pediatric Eyewear –contact Kaiser
<b>Routine Hearing</b>		<i>Optional Benefit*:</i>		
• Routine hearing exam (once every plan year)	\$0 (Included in basic plan)	\$40	Not available	\$25 PCP/\$40 Specialist
• Hearing aids and other hearing-aid related services (once every 48 months)	Not available	Balance after plan pays \$1,200	Not available	Not available
• Benefit maximum	Not available	\$1,200	Not available	Not available
<b>Out-of-Network</b>	<i>Included in Basic Plan:</i>	<i>Optional Benefit*:</i>		
	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Plan payment reduced by 25%. Balance billing may apply.	Not available	Not available

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

\*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart on page 3.

\*\*Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

# Put Good Health at the Top of Your List

MyActiveHealth provides free health and wellness programs and online tools to employees and covered family members enrolled in COVA Care, COVA HDHP and COVA HealthAware.

There are three programs to help you improve your health. See details at <http://www.dhrm.virginia.gov/healthcoverage/activehealth>.

**Healthy Lifestyles:** Personal coaching to help you stay on track with nutrition, exercise, stress management and quitting smoking.

**Healthy Beginnings: Expectant moms** receive one-on-one telephonic coaching with a nurse. COVA Care and COVA HealthAware members can waive their co-pay or receive a Health Reimbursement Account (HRA) contribution. Enroll within the first 16 weeks of pregnancy.

**Healthy Insights:** Helps you manage a **chronic condition** for long-term success. COVA Care and COVA HealthAware members can save money with diabetes, asthma/COPD and hypertension incentive programs.

## Your Privacy Is Important to Us

- ActiveHealth will use this information to identify possible health issues to help you and your doctor track and improve your health. Participation is voluntary.
- Safeguards are in place to ensure the security of your personal information and all data from your health assessment and biometric screening. Although this information is available to you and also your doctor at your request, your individual information is NOT available to your employer.

To participate, visit [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) or call **866-938-0349**.

**Kaiser Permanente:** Members have similar health and wellness programs. They include maternity support, health condition management, and healthier living resources. Contact Kaiser Permanente for more information.



## COVA Care and COVA HealthAware

# Earn Premium Rewards

It's as simple as completing an online health assessment, answering a few questions about your health and lifestyle. You'll get a personalized report with action steps that can serve as your guide toward better health PLUS you can earn a Premium Reward!

## What Do I Need to Do?

Visit [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) to complete or update your online health assessment.

### To Earn a Reward Beginning July 1, 2018:

- Complete or update your health assessment **between May 1 and May 15, 2018**. Health assessments submitted **before May 1, 2018 will not count for the new plan year**.

### To Earn a Reward After July 1, 2018:

- Complete a health assessment by the 15th of the month, and you will receive a reward in about six to eight weeks.
- See the examples below and the chart on the DHRM website at <http://www.dhrm.virginia.gov/healthcoverage/open-enrollment>.

Example	Completes Assessment	Receives Premium Reward
Amber	June 15, 2018	<b>August 1, 2018</b>
Bill	June 16, 2018	<b>September 1, 2018</b>

If you think you've earned a Premium Reward and you haven't received it, contact your agency Benefits Administrator. You will need to provide a copy of your health assessment completion screen from the MyActiveHealth portal.

**Opting out of the MyActiveHealth portal** makes you ineligible for Premium Rewards or any other program incentives.

For more details, contact MyActiveHealth at **866-938-0349**.

## Once the Requirement is Met

- **Employee or spouse participates:** You save **up to \$204 annually** or **\$17 per month**.
- **Employee and spouse participate:** You save **up to \$408 annually** or a total of **\$34 in premiums per month**.

# Flexible Spending Accounts (FSAs)

## Save Cash with an FSA!

Need more funds in your bank account? Enrolling in an FSA is a great way to save money on out-of-pocket expenses for health or dependent care. You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan. **Remember, you must enroll each year to have an FSA. Complete Section 3 of the enrollment form to enroll. See page 1.**



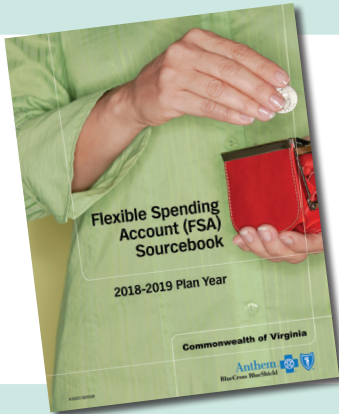
## What Expenses Are Eligible?

**Health FSA:** Use your pre-tax dollars to pay for eligible health care expenses, such as:

- Copays, coinsurance and deductibles.
- Other out-of-pocket eligible medical expenses

**Dependent Care FSA:** Use your pre-tax dollars for eligible work-related dependent care expenses, including:

- Care for your child under the age of 13.
- Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.



## Your FSA Sourcebook Has It All

See the 2018 FSA Sourcebook for details about what expenses are eligible, how the accounts work, and more. Visit [www.anthem.com/cova](http://www.anthem.com/cova) or call 877-451-7244.

## More About FSAs

### Maximum FSA Contributions

- **Health FSA:** Up to \$2,600 per plan year
- **Dependent Care FSA:** Up to \$5,000 per plan year depending on your tax filing status

### Minimum FSA Contribution

- **\$10 per pay period**

### Administrative Fee

- **\$3.65 deducted monthly** on a pre-tax basis for one or both FSAs

### Use It or Lose It!

- **Submit claims for reimbursement** by your filing deadline (runout period) or you will forfeit any remaining FSA funds.
- **If your account is for part of the plan year**, you may file FSA claims up to three months after your coverage period ends.
- **If your account ends on June 30, 2019**, you have until Sept. 30, 2019 to file for reimbursement.

## If you enroll in COVA HealthAware

- **Plan carefully for a health FSA:** The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.

## Your online account

Visit [www.benefitadminsolutions.com/anthem](http://www.benefitadminsolutions.com/anthem) after July 1 to manage your account online and keep track of all your transactions, including those needing additional documentation.

## Pay Right Away with Your Health FSA Card

You'll receive an Elite Visa® Benefit Card in the mail after you enroll for the first time in a **Health FSA**. Once activated, it gives you instant access to your Health FSA funds. **You will receive a new card automatically the month before your current card's expiration date.** Separate cards for dependents will be reissued at the same time.

You simply pay for eligible health care expenses at most merchants where Visa is accepted.

- Be sure to pay special attention to **Health FSA** card transactions that require after-the-fact validation.
- Resolve all **card transactions** by the end of your runout period.



# Keep These Contacts Handy

Plan or Benefit	Who To Contact
<b>COVA Care and COVA HDHP</b>	Medical, Prescription Drug, Vision & Hearing Anthem Blue Cross and Blue Shield: <b>800-552-2682</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
	Dental Benefits Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
	Behavioral Health Benefits & Employee Assistance Program (EAP) Anthem: <b>855-223-9277</b> or <a href="http://www.anthemEAP.com">www.anthemEAP.com</a>
	Online Doctor LiveHealth Online: <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
<b>COVA HealthAware</b>	Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits Aetna: <b>855-414-1901</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a>
	Employee Assistance Program (EAP) Aetna: <b>888-238-6232</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a>
	Online Doctor Teladoc: <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>
<b>Kaiser Permanente HMO</b>	Medical, Prescription Drug and Vision Benefits Kaiser Permanente: <b>800-777-7902, 301-468-6000</b> in Washington, D.C. or <a href="http://my.kp.org/commonwealthofvirginia/">http://my.kp.org/commonwealthofvirginia/</a>
	Dental Benefits Dominion National: <b>855-733-7524</b> or <a href="http://www.DominionNational.com/kaiserdentists">http://www.DominionNational.com/kaiserdentists</a>
	Behavioral Health Kaiser: <b>866-530-8778</b>
	Employee Assistance Program (EAP) Beacon Health Options: <b>866-517-7042</b> or <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a>
	Online Doctor Video Chat: <b>703-359-7878</b>
<b>TRICARE Supplement</b>	Selman & Company (SelmanCo): <b>800-638-2610 (press Option 1)</b>
<b>Flexible Spending Accounts (FSA)</b>	Anthem FSA: <b>877-451-7244</b> or <a href="http://www.anthem.com/2018">www.anthem.com/2018</a> Participants only: <a href="http://www.benefitadminsolutions.com/anthem">www.benefitadminsolutions.com/anthem</a>
<b>MyActiveHealth Program</b>	ActiveHealth Management: <b>866-938-0349</b> or <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a>
<b>ALEX Benefits Counselor</b>	<a href="http://www.myalex.com/cova/2018">www.myalex.com/cova/2018</a>
<b>Department of Human Resource Management</b>	<a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a> Office of Health Benefits: <a href="mailto:openenrollment@dhrm.virginia.gov">openenrollment@dhrm.virginia.gov</a>



Virginia Department of  
Human Resource Management